L14000 146532

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	·	
Special Instructions to	Filing Officer:	

Office Use Only



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NOT BETENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File LC. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Status Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Fictitious Owner Search Driving Record Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Retrieval Walk-In Will Pick Up Courier				
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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		HORE DEVELOPMENT LLC	C .	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing,	
Please return	all correspon	ndence concerning this matter	to the following:	
		RAUL J. SANCHEZ DE V	'ARONA	
		·	Name of Person	
		THE SOLUTION GROUP	CORP.	
			Firm/Company	
		4100 N. MIAMI AVENUE	E, 2ND FLOOR	
			Address	
		MIAMI FL 33127		
		* /	City/State and Zip Code	
		barbara@thesolutiongroup.r		
		·	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
BARBARA	BESU		305 438-1259 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000146532	were filed on SEPTEMBER 18, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4420 BAY POINT DRIVE	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33137	
		The second second
Enter new mailing address, if applicable:	4420 BAY POINT DRIVE	
,	MIAMI, FL 33137	(C) (C)
		50 G
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	MIAMI, FL 33137 ffice address on our records, e	1 68 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	Enter Florida street address, Florid City	la Zip Code

ORAL DANGLIONE NEVEL ON CONTRACT

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VINCENT GHAHREMANI	4100 N. MIAMI AVE, 2ND FLR	
	•	MIAMI, FL 33127	■ Remove
			Change
MGR	RAUL J. SANCHEZ DE VARONA	4100 N MIAMI AVE, 2ND FLR	
		MIAMI, FL 33127	. Remove
			Change
MGR	FRANCISCO RODRIGUEZ	4420 BAY POINT DRIVE	Add
	-	MIAMI, FL 33137	Remove
			Change
MGR	YVONNE STAM	4420 BAY POINT DRIVE	■ Add
		MIAMI, FL 33137	
		·	Change
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<u>Note:</u> If the d	late inserted in this bl ffective date on the D	ock does not 1	meet the appl	icable statut	ory filing requ	irements, this	date will not	be listed a
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ne record sp	pecifies a delayed	l effective (date, but r	ot an effe	ctive time,	at 12:01 a	.m. on the	earlier o
The 90th	day after the rec	ord is filed.						
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Dated	MBER 21.	,	, 	}_	1/			
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Typed or printed name of signee

Filing Fee: \$25.00